

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: right;">09782791</div>	FILING DATE <div style="text-align: right;">02/13/01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1/						51		1				
2		1					52		1				
3		1					53		1				
4		1					54		1				
5		1					55	1/					
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63	1/					
14		1					64		1				
15		1					65		1				
16	1/						66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70	2	1				
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30	1/						80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45	1/						95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	64						TOTAL DEP.						
TOTAL CLAIMS	70						TOTAL CLAIMS						